
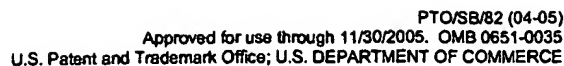


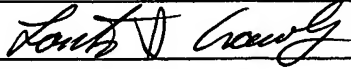


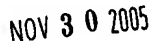
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	DARBY & DARBY P.C.		
Signature			
Printed name	David Leason		
Date	November 30, 2005	Reg. No.	36,195



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I hereby revoke all previous powers of attorney given in the above-identified application.					
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 07278					
<input type="checkbox"/> Please change the correspondence address for the above-identified application to: <input type="checkbox"/> The address associated with Customer Number: 					
OR <div style="display: flex; align-items: center;"> <input type="checkbox"/> Firm or Individual Name <div style="margin-left: 10px;"> DARBY & DARBY P.C. David Leason </div> </div>					
Address		P.O. Box 5257			
City		New York			
Country	US	State	NY	Zip	10150-5257
Telephone	(212) 527-7700		Email		
I am the: <input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature					
Name		Lantz S. Crawley (908) 806-0417			
Date		November 25, 2005		Telephone (609) 750-0575	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
<input type="checkbox"/> *Total of <u>2</u> forms are submitted.					

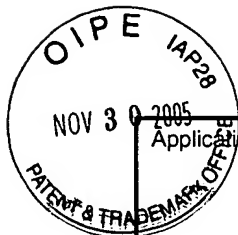


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states that it is:

- OR**

- {W:\03031\100q666us2\00579289.DOC {00000000-0000-0000-0000-000000000000}}



Application No. (if known): 10/802,382

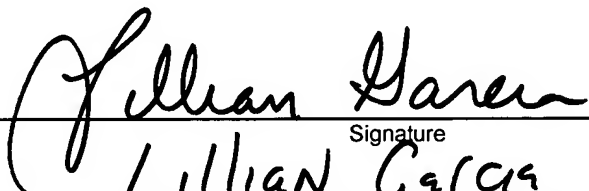
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